



*United States Department of*  
**Health & Human Services**

**Office of the Secretary  
Office of the Assistant Secretary for  
Preparedness and Response (ASPR)**

## **PAHPA Stakeholders Meeting**

**November 8, 2007  
Washington, D.C.**

# Outline

- Overview
  - Key Themes
  - Statutory Requirements
- Major Accomplishments to Date
- Next Steps
- Discussion and Q and A

## Overview: Key Themes

- The Assistant Secretary for Preparedness and Response (ASPR) leads the nation in preventing, responding to and reducing the adverse health effects of public health emergencies and disasters. Responsibilities include;
  - Coordinating with Federal, State, local and tribal officials regarding the deployment of Federal public health and medical personnel.
  - Coordinating the deployment of these assets with other non-Federal medical response personnel and systems.
  - Overseeing the advanced research, development, and procurement of qualified countermeasures (including pandemic or epidemic products).
- The Secretary, in coordination with his counterparts from the Departments of Homeland Security, Defense, and Veterans Affairs conduct a joint review of the NDMS.
- The Secretary is improving the force management and readiness of the U.S. Public Health Service Commissioned Corps.
- The Secretary, in collaboration with State, local and tribal officials is building on existing efforts to establish and maintain a civilian Medical Reserve Corps.



## **Overview: Statutory Requirements**

- **Policies to ensure the readiness Active Duty Regular Corps and Active Reserve Corps to respond to urgent or emergency public health care needs have been developed and are awaiting ASH signature. Until they are signed there is a Personnel Policy memorandum (PPM 007-07) which extends the existing readiness policies.**
- **A joint review of the National Disaster Medical System has been completed and the final report, incorporating the comments of the HHS OPDIVS and STAFFDIVS and the NDMS federal partners was submitted to ASPR the week of 14 September, 2007.**
- **The Medical Reserve Corps has been established, and there are currently 714 MRC units in all 50 states, Washington DC, Puerto Rico, Palau, Guam and the U.S. Virgin Islands. There are over 146,000 volunteers reported by these units.**



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## **Major Accomplishments to Date**

- **ASPR has developed plans in the form of playbooks for nine of the fifteen national planning scenarios. These include: Improvised nuclear device, Aerosol Anthrax, Pandemic Influenza, Pneumonic Plague, Chlorine tank explosion, Major Earthquake, Major Hurricane, Improvised Explosive Device, and Radiological Dispersal device. The development of the additional six playbooks is in process.**
- **The ESAR-VHP program transfer from HRSA to ASPR has been completed. ESAR-VHP Guidelines are currently in ASPR clearance process.**
- **FluFinder is currently activated and monitoring influenza vaccine distribution for the 2007-08 influenza season.**
- **Seasonal influenza vaccine:**
  - **CDC is encouraging manufactures to employ distribution strategies that assure broad access.**
  - **Recommended manufactures to serve all provider types in a comparable time frame.**
  - **Encouraged strategies such as partial shipments to allow vaccine administration to begin early.**
  - **“Guidance for Immunization Grantees about the Influenza Vaccine Distribution Data Available in FluFinder: 2007-08 Influenza Season” (September 5, 2007) has been distributed to CDC vaccines grantees.**

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## **Next Steps**

- **Processes and procedures are being established to cooperatively track the initial distribution of federally purchased influenza vaccine in support of an influenza pandemic. Progress has been made in developing a blueprint for the Vaccine eXchange NETwork. CDC anticipates completion of Vax.NET with pre-pandemic/pandemic influenza vaccine tracking capability by the end of calendar year 2009. In the interim, FluFinder (an existing vaccine tracking application) could be used to monitor pre-pandemic/pandemic influenza vaccine distribution.**
- **Plans to promote communication regarding the effective distribution of seasonal influenza vaccine between public health officials and manufacturers, wholesalers and distributors will be strengthened. CDC, in cooperation with state, local, territorial, tribal, industry, and private sector partners will maintain and build upon the accomplishments made as part of a comprehensive influenza prevention strategy. These are routine seasonal influenza activities for CDC and recur on an annual basis.**

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# ASPR Discussion

- Discussion Issue/Question 1:
  - How does HSPD-21 complement or conflict with PAHPA?
- Discussion Issue/Question 2:
  - Are there any major issues or impediments to successfully implementing PAHPA
- Discussion Issue/Question 3:
  - Only three of the ESF#8 actions have statutory suspense dates. Many of the actions may not be achievable until 2010. The potential exists for new legislation that will supersede PAHPA and the work already underway to satisfying the PAHPA actions.



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**Q and A**

**Thank You!**